

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

586

State File No. _____
Registrar's No. 586

FEB 25 1941

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Hrs 55 M.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Schapp, Baby Boy
3. (b) If veteran, name war Infant 3. (c) Social Security No. Infant
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1-19-41
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 10 hr. 55 min.

9. Birthplace St. Louis, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Fred

13. Birthplace St. Louis, MO.
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Meyer

15. Birthplace St. Louis, MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Wedder

(b) Address 416 S. Kingshighway

17. (a) Final (b) Date thereof 1/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Buhlman

18. (a) Signature of funeral director Byrdmiller Funeral Home

(b) Address 1936 St. Louis Ave. 814

19. JAN 20 1941 (Date received local registrar)

J. F. Biedeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4815 San Francisco
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 8 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 19
year 41 hour 10 minute 55 P. M.

21. I hereby certify that I attended the deceased from 1-19
1941, to 1-19 1941;
that I last saw him alive on 1-19 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to 3 months premature

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury D

23. Signature R. J. Blatter (M. D. or other)

Address 400 S. Kingshighway Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.